

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Not named *Acton*

Died at *White Plains* ^{Town} *Charles* ^{County} **MARYLAND**

Date of death *1906* ^{Month} *June* ^{Day} *12* Age ^{Years} *—* ^{Months} *—* ^{Days} *—*

Sex *male* Color or Race *white* Birth-place *Ind*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *W. Arthur Acton* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Roberts* Mother's Birthplace *Ind*

Name of person giving information *W. Arthur Acton* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still Born* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. O. Monroe - M.D.*

Address *Waldorf*

Accident or Suicide? *Ind*



Name
in
Full

George. Robert. Bobber

CERTIFICATE OF DEATH

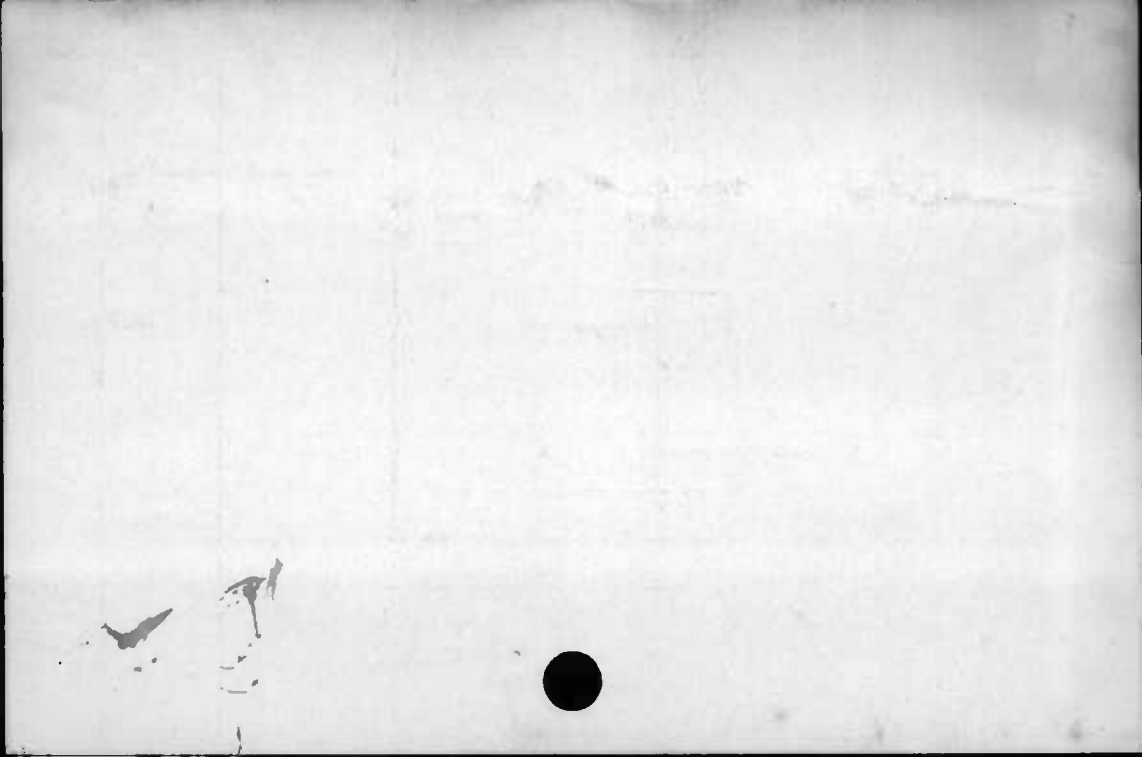
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hamamoy</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>June</i> <small>Month</small>	<i>16</i> <small>Day</small>	Age	<i>1</i> <small>Months</small>	<i>6</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Walter Bobber</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Annie Lawson</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Walter Bobber</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Thrush</i>	<i>100</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. A. T. Dancy</i>	
	Address <i>James M. Wheeler</i> <i>Sub Registrar</i>	
Accident or Suicide?		



Name
in
Full

William Henry Mavis

CERTIFICATE OF DEATH

Died at ^{Town} *Marble Hall*^{County} *Charles*

MARYLAND

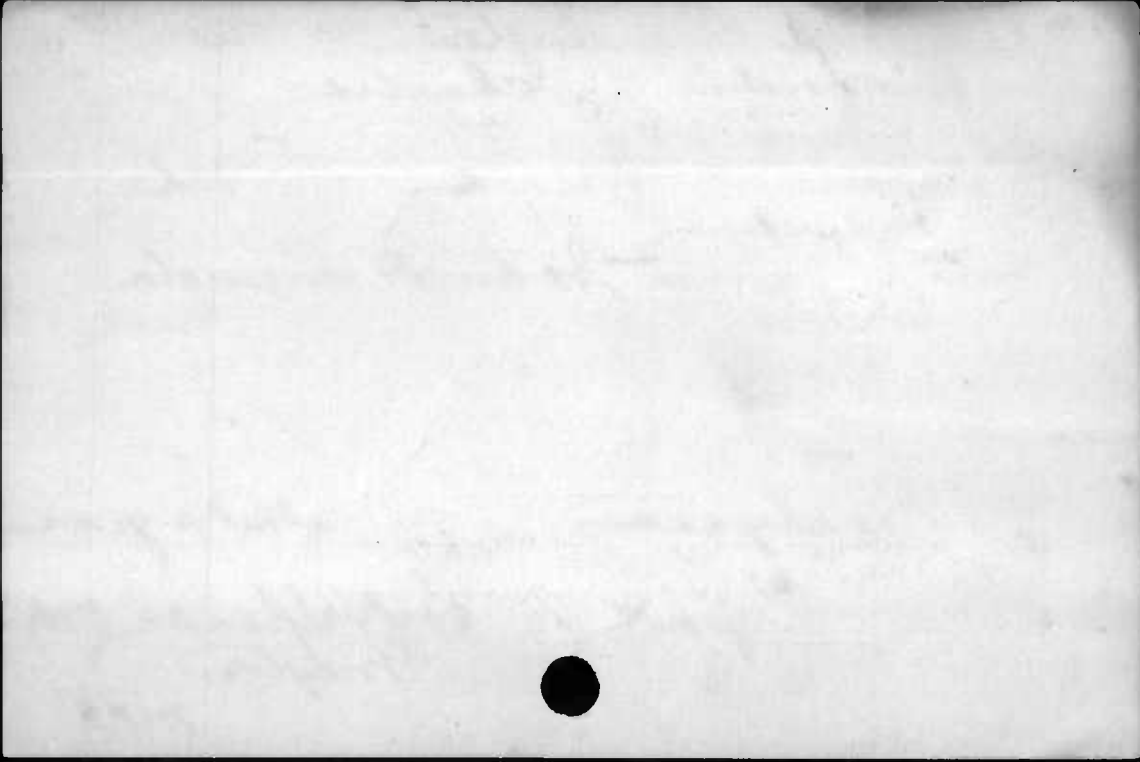
Date
of death *1906*Month *6*Day *12*Age *-*Years *-*Months *5*Days *-*Sex *Male*Color or
Race *Colored*Birth-
place *Charles Co. Md.*Occupation *-*Where Residing if not
at place of death *-*Married, Single
or Widowed *-*Name of Wife or
Husband *-*Father's
Name *George Mavis*Father's
Birthplace *Charles Co. Md.*Mother's
Maiden Name *Maggie Chapman*Mother's
Birthplace *" " "*Name of person giving
Information *George Mavis*How related
to deceased *Father*

CAUSES OF DEATH

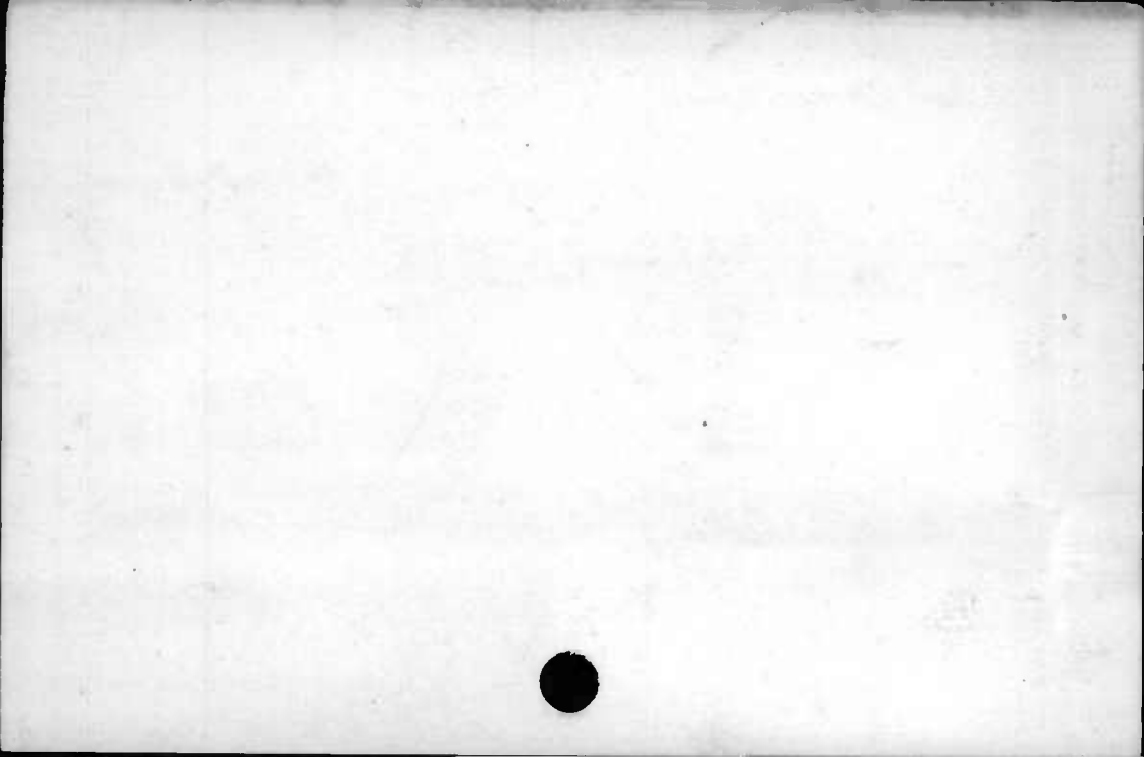
Primary *Measles*How long *6 days*Immediate *Whooping pneumonia*How long *3 days*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *Harry Kelley*Address *Brookland, Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Angelina Dunnington				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Hamden</u>		Town <u>Charles</u>		County	
		Date of death <u>1906</u>		Month <u>June</u>		Day <u>15</u>	
		Age <u>77</u>		Years		Months <u>—</u>	
		Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>md.</u>	
		Occupation <u>midwife</u>		Where Residing if not at place of death			
		Married, <u>Widowed</u>		Name of Husband <u>John Dunnington</u>			
		Father's Name <u>to Maudie</u>		Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Sarah Dent</u>		Mother's Birthplace <u>md</u>					
Name of person giving information				How related to deceased <u>—</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Paralysis</u>		How long <u>about a year</u>			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>S. H. Speake md</u>			
				Address <u>Grayton md</u>			
Accident or Suicide?							



Name in Full		Town		County		CERTIFICATE OF DEATH	
Died at		M ^c Donelua		Ford		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		6	23				
Sex	Female		Color or Race	Black		Birth-place	M ^c Donelua
Occupation	Wine		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	J. A. Ford				Father's Birthplace	M ^c Donelua	
Mother's Maiden Name	Bernice Thomas				Mother's Birthplace	" "	
Name of person giving information	J. A. Ford				How related to deceased	Father	
CAUSES OF DEATH							
Primary	Mother hurt herself				How long		
Immediate	Shee Boww				How long		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				None attending			
				Address			
				W. H. Bawner			
Accident or Suicide?							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

W. F. Brannon
Sut Rey

Name
in
Full

Louise Loretta Ford

CERTIFICATE OF DEATH

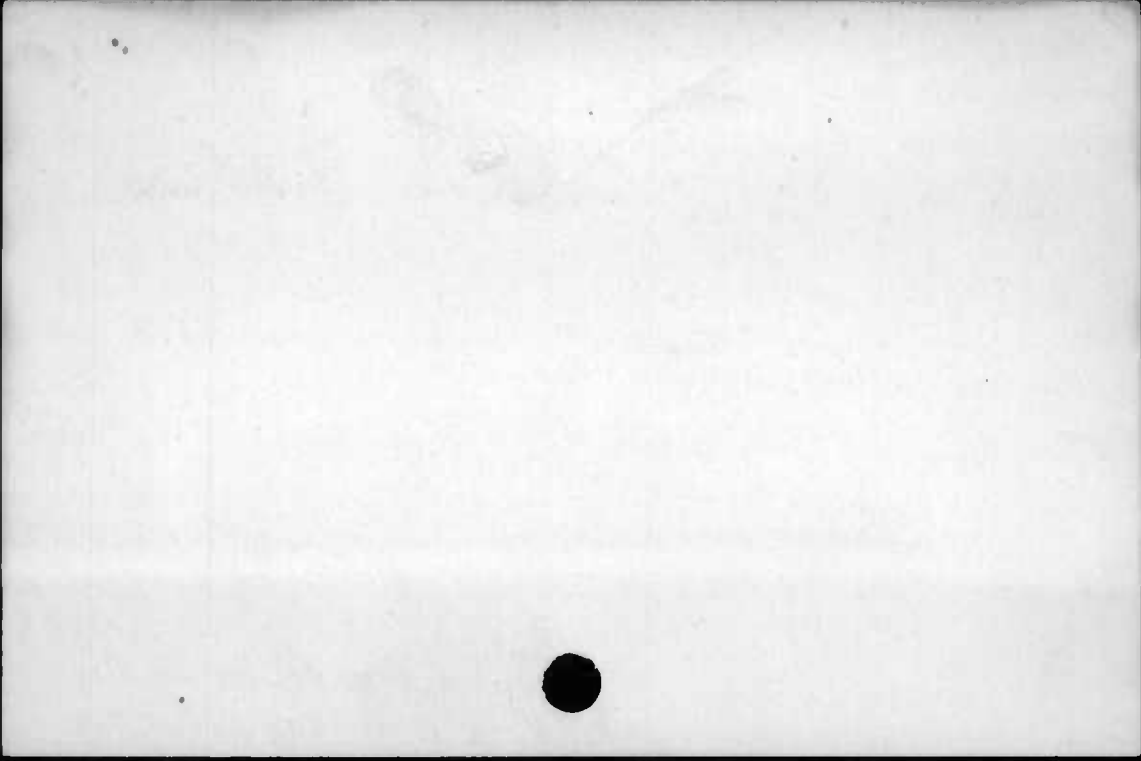
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bel Air</i>		County <i>Charles</i>		MARYLAND	
Date of death	1906	Month	<i>June</i>	Day	<i>2</i>	Age	<i>9</i>
Sex	<i>Female</i>		Color or Race	<i>African</i>		Birth-place	<i>Charles Co.</i>
Occupation	_____		Where Residing if not at place of death _____				
Married, Single or Widowed	_____		Name of Wife or Husband _____				
Father's Name	<i>George Henry Ford</i>					Father's Birthplace	<i>Charles Co.</i>
Mother's Maiden Name	<i>Mary Eliz. Green</i>					Mother's Birthplace	<i>Charles Co.</i>
Name of person giving information	<i>George H. Ford</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping cough</i>	How long	<i>4 weeks</i>
Immediate	<i>Measles</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. J. [unclear]</i>
		Address	<i>Bel Air Md</i>
Accident or Suicide?			



Name
in
FullElizer Jaine Franklin
Mangamoy Town Charles County

CERTIFICATE OF DEATH

Died at

MARYLAND

Date

of death 1906

Month

June

Day

12

Years

40

Age

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Ind

Occupation

House Work

Where Residing If not
at place of deathMarried, ☒ Single
or ☐ WidowedName of Wife or
Husband

William Franklin

Father's
NameFather's
BirthplaceMother's
Maiden Name

Caroline Neal

Mother's
Birthplace

Ind

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

General Weakness

How long

about a month

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

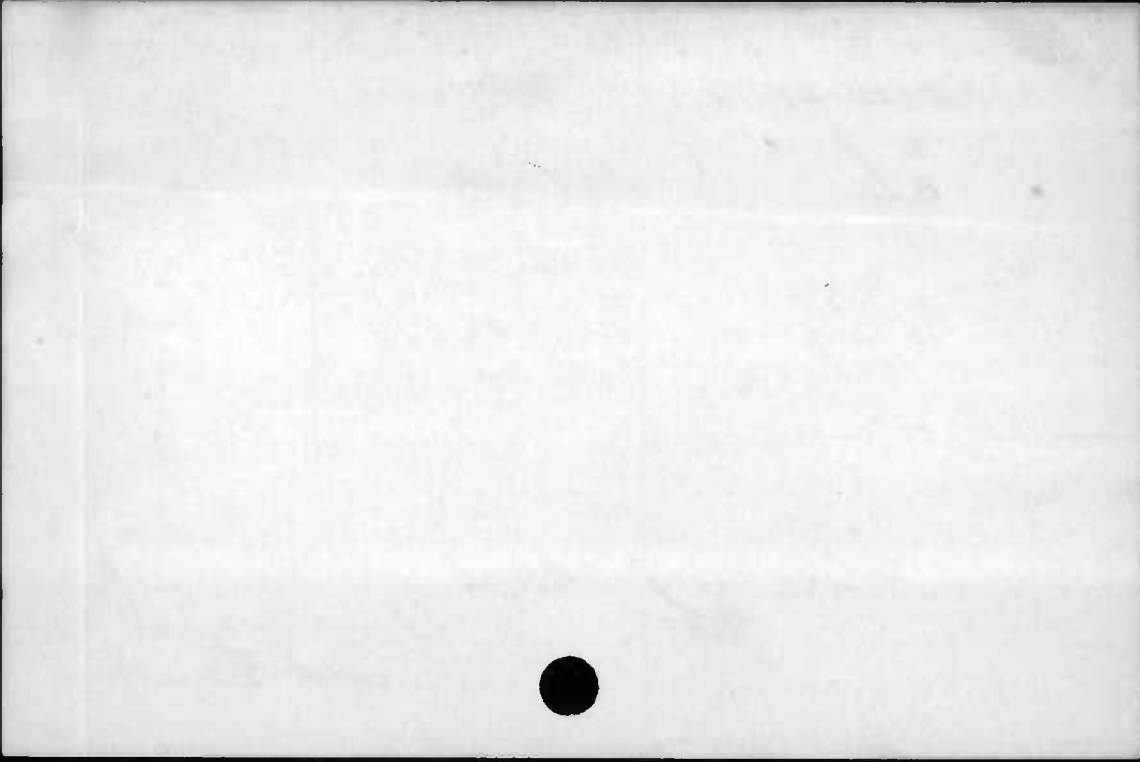
Signature of
Physician

Address

Wm. A. Tindall
Carver, Md. Wheel-
er
Sub Registrar

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Leona* Town *Chambers* CountyDate of death *1908* Month *June* Day *9* Age *43* Years Months DaysSex *Male* Color or Race *White* Birth-place *St. Marys Co. Md.*Occupation *Farmer* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or HusbandFather's Name *Robert Hulbert* Father's Birthplace *St. Marys Co. Md.*Mother's Maiden Name *Catharine Ching* Mother's BirthplaceName of person giving information *Cliff Mann* How related to deceased *Son*

CAUSES OF DEATH

Primary *Pneumonia* *(93)* How long *9 days*Immediate *Cardiac failure*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Reeder Laugh.
Newburg, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Sarah Ella Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *New Town*^{County} *Charles*

MARYLAND

Date of death *1906 June*Day *23rd*Age *1*Months *10*

Days

Sex *female*Color or Race *white*Birth-place *Charles County*Occupation *none*

Where Residing if not at place of death

Married, Single or Widowed *single*

Name of Wife or Husband

Father's Name *Thomas Eugene Jackson*Father's Birthplace *Charles Co*Mother's Maiden Name *Eddie Blanche Jenkins*Mother's Birthplace *Charles Co*Name of person giving information *Thos. E. Jackson*How related to deceased *Father*

CAUSES OF DEATH

Primary *Cholera Infantum*How long *about 48 hours*Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

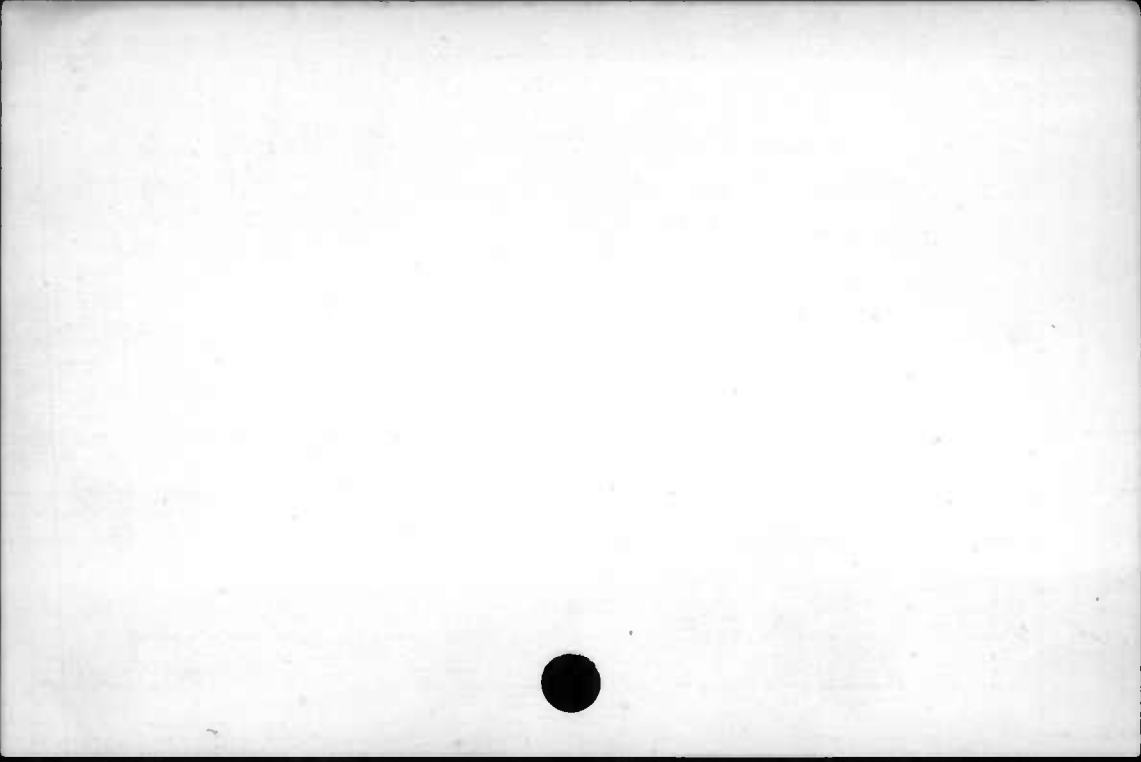
Signature of Physician

Thos. S. Owen, M.D.

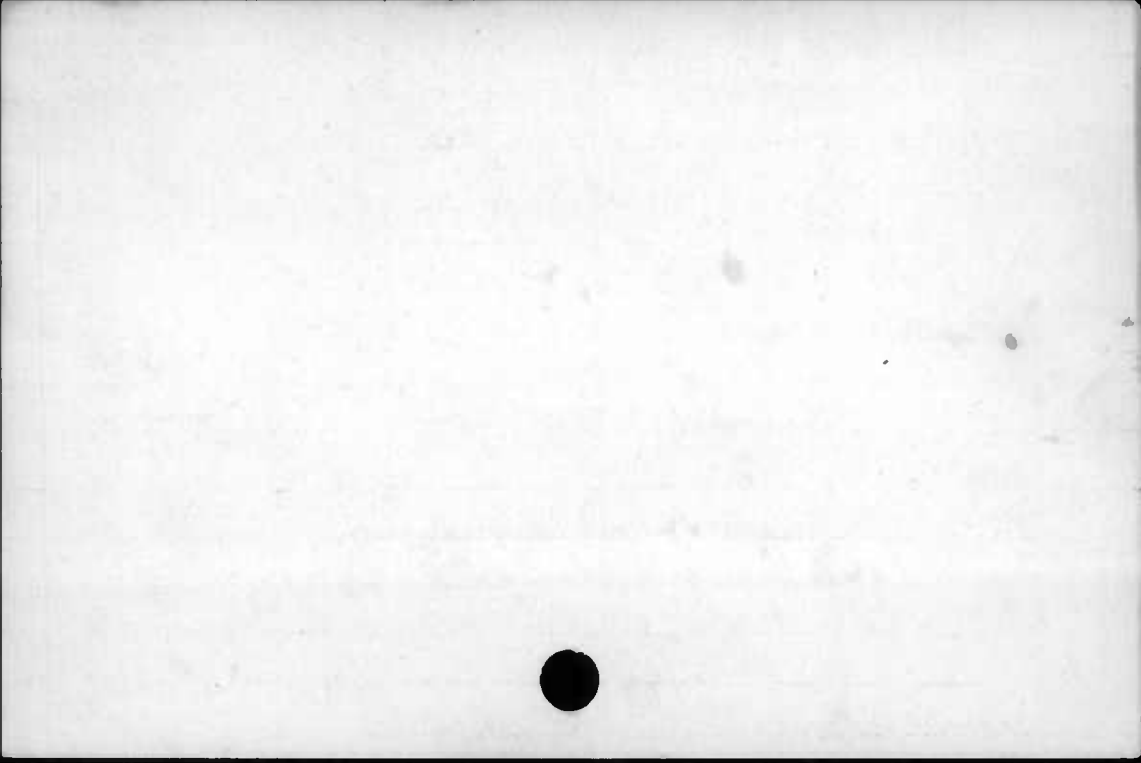
Address

La Plata

Accident or Suicide?



Name In Full		John H. Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Dulais		Town Dulais		County Ches	
		Date of death 1906		Month June		Day 21	
		Age 60		Years 60		Months Days	
		Sex male		Color or Race Black		Birth-place Md	
		Occupation Laborer		Where Residing if not at place of death 7 -			
		Married, Single or Widowed Married		Name of Wife or Husband Harriett Johnson			
		Fether's Name Strom Johnson		Father's Birthplace Md			
Mother's Maiden Name Unknown		Mother's Birthplace					
Name of person giving information Walter Johnson		How related to deceased Son					
CAUSES OF DEATH (79)							
PHYSICIAN OR CORONER		Primary Organic Heart trouble		How long 12			
		Immediate Heart failure		How long 6 days			
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. C. Choppell			
				Address Bryghsville			
		Accident or Suicide?				Md	



Name
in
Full

Regena - Mattingley

CERTIFICATE OF DEATH

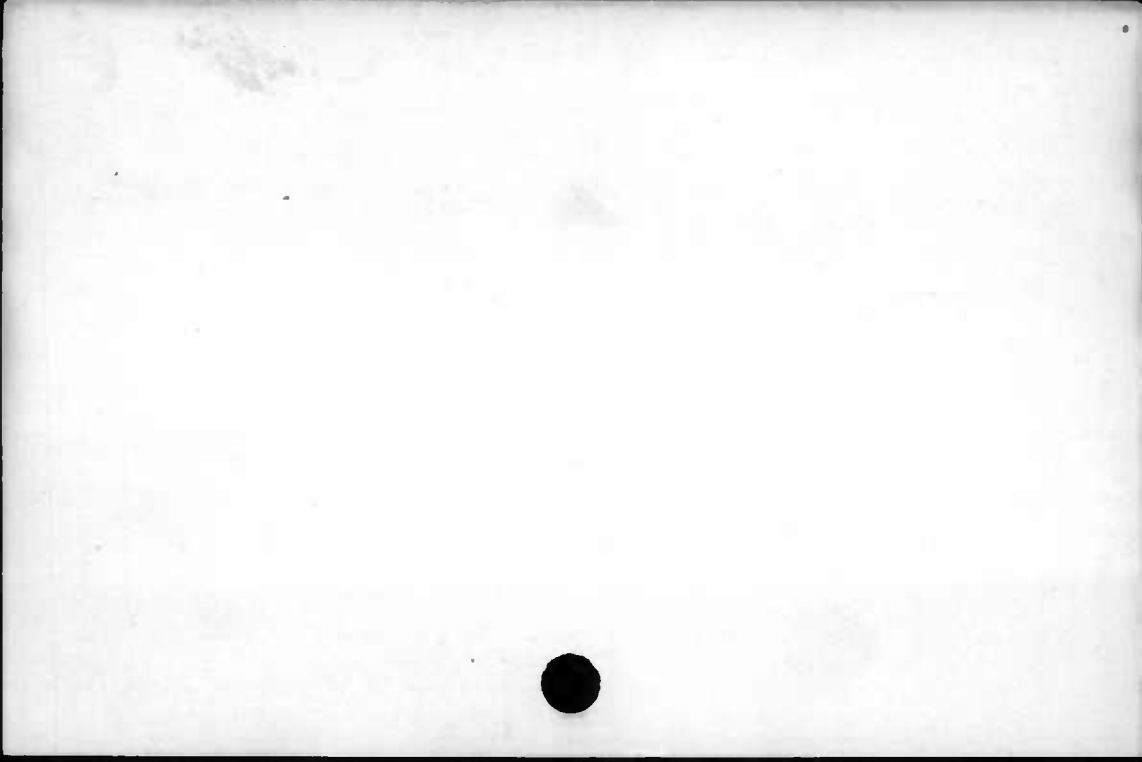
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Piggah</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Month</small>	<i>June</i> <small>Day</small>	<i>10</i> <small>Age</small>	<i>2</i> <small>Years</small>	<i>2</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>S</i>		Name of Wife or Husband			
Father's Name <i>Burnard Mattingley</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Laura I Bowle</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Burnard Mattingley</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pertussis Convulsiva</i>	How long	<i>6 weeks</i>
Immediate	<i>Pulmonary Oedema</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>George C. Picknells</i>	
		Address <i>Piggah, Ind.</i>	
Accident or Suicide?			



Name
in
FullFrancis, Elizabeth Price
Town Roads County Charles

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1906

Month

June

Day

30

Age

Years

Months

7

Days

18

Sex

Female

Color or
Race

White

Birth-
place

Washington

Occupation

here Residing if not
at place of death

DC

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Harvey Price

Father's
Birthplace

Ind

Mother's
Maiden Name

Lizzie Perry

Mother's
Birthplace

Ind

Name of person giving
information

L & Perry

How related
to deceased

unc

CAUSES OF DEATH

Primary

Whooping cough

How long

abt 8 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

S. H. Speak

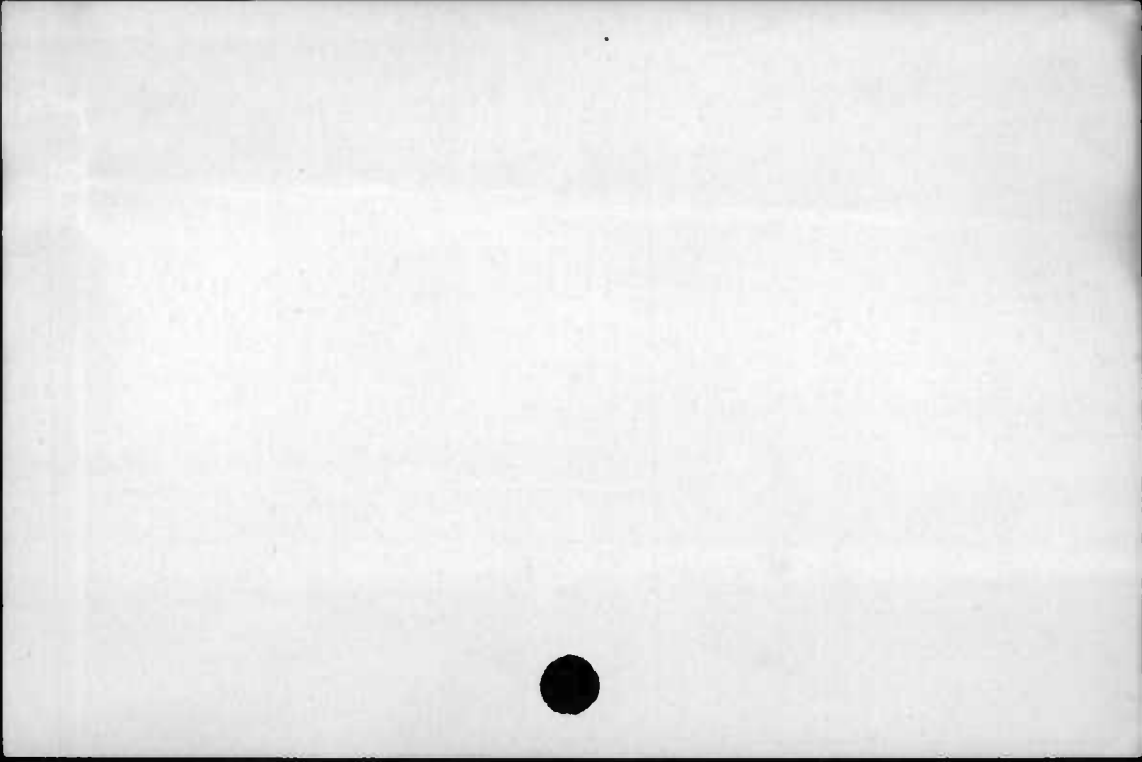
Address

Grayton

and

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Lorane Queen

CERTIFICATE OF DEATH

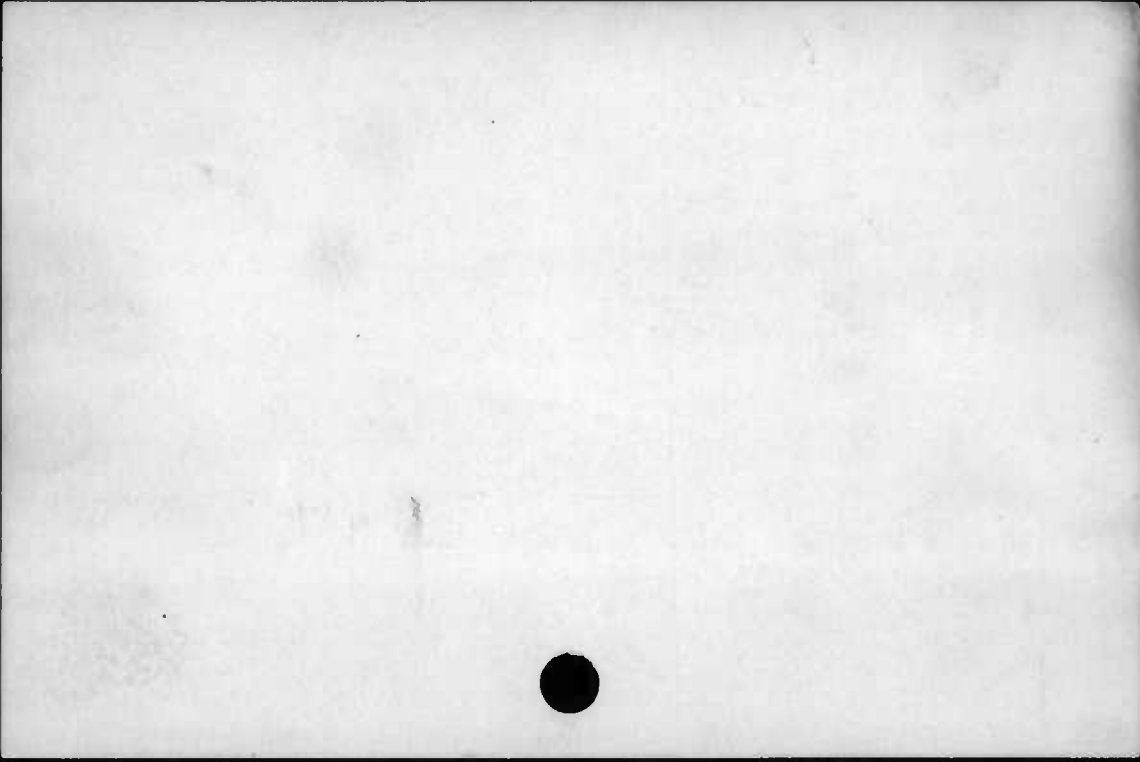
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>11</i>	Age <i>1</i>	Months <i>2</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>Mixed</i>	Birth-place <i>Charles Co</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Queen</i>		Father's Birthplace <i>Charles Co</i>			
Mother's Maiden Name <i>Lula Proctor</i>		Mother's Birthplace <i>Charles Co</i>			
Name of person giving information <i>Charles Queen</i>		How related to deceased <i>Son Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>6 mo</i>
Immediate <i>Inanition</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. Spencer</i>
	Address <i>Bel Air Md</i>
Accident or Suicide?	



Name
in
Full

Martha Shivers

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Mill brook ^{County} Charles

Date of death 1906 June 3rd Age 36 Months Days

Sex female Color or Race Black Birthplace Charles co

Occupation Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Joseph Shivers

Father's Name Vinceson Richardson Father's Birthplace Charles co

Mother's Maiden Name Henzie Sur Vay Mother's Birthplace Charles co

Name of person giving Information Thomas Gainer How related to deceased Friend

CAUSES OF DEATH

Primary Heart-Trouble 79 How long Sudden

Immediate

Are the name, age, sex, color, date and place correctly given above?

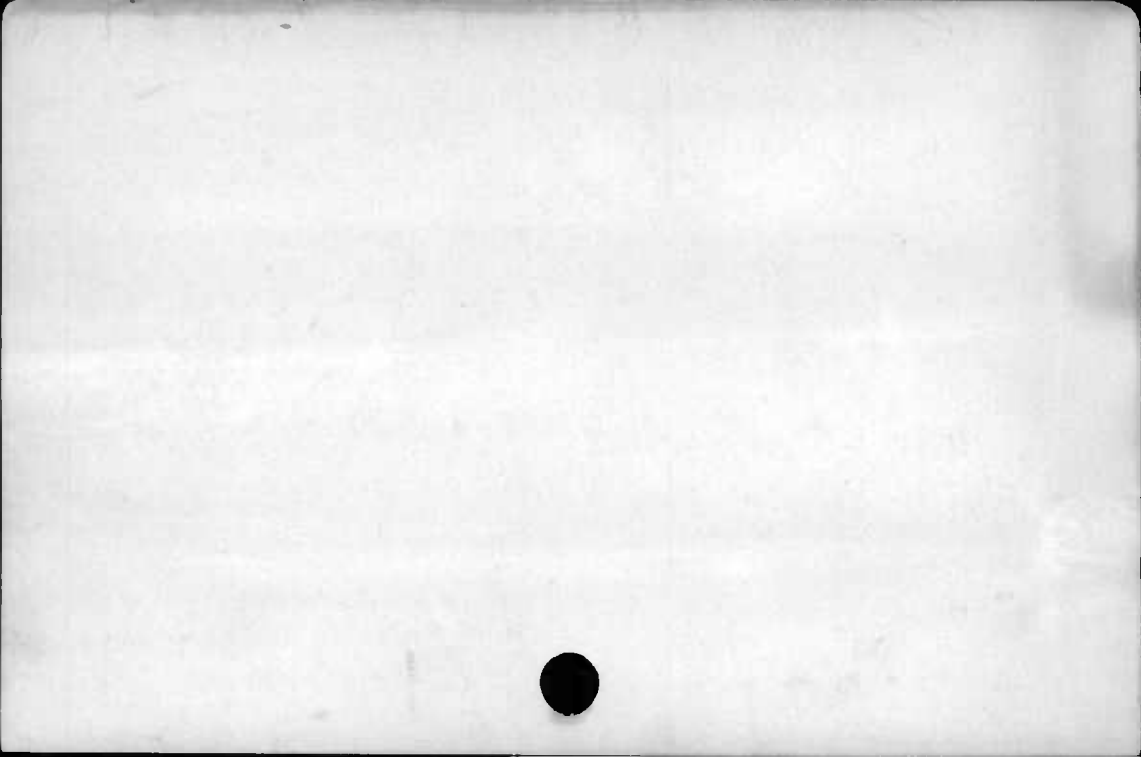
Signature of Physician

Address

Maximilian Clement
Sub Regis

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Simmons				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Welcome</i>		Town <i>Chol</i>		County <i>MARYLAND</i>		
	Date of death <i>1906</i>	Month <i>6</i>	Day <i>9</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>14</i>
	Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Chol 6th Md</i>			
	Occupation <i>none</i>		Where Residing if not at place of death <i>Welcome</i>				
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>					
	Father's Name <i>G. W. Simmons</i>	Father's Birthplace <i>Chol 6th Md</i>					
	Mother's Maiden Name <i>Nannie Skinner</i>	Mother's Birthplace <i>" "</i>					
	Name of person giving information <i>A. J. Simmons</i>	How related to deceased <i>Nephew</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Whodpung Gough</i>		How long <i>14 days</i>				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>none attending</i>				
			Address <i>W. H. Brown</i>				
	Accident or Suicide? <i>—</i>		Sub Reg <i>Sub Reg</i>				

W. F. Browne
S. R. V.

Name
in
Full

Cristal Colobus Smith

CERTIFICATE OF DEATH

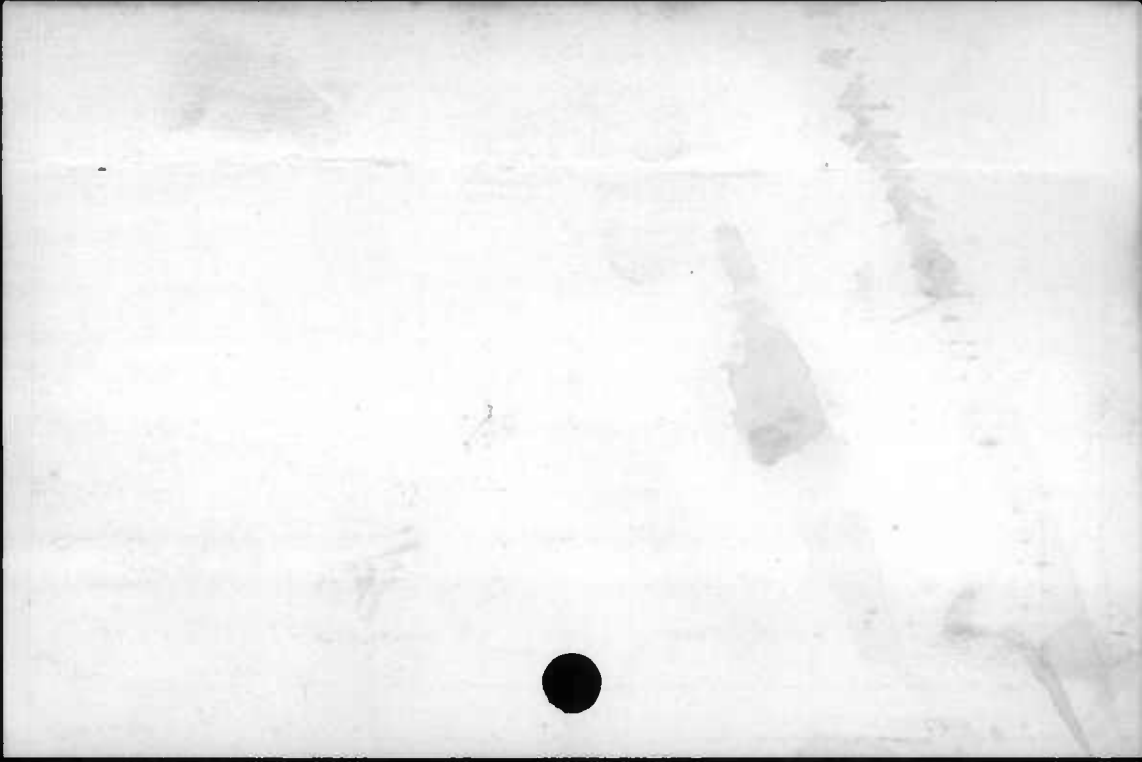
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pomunkey</i>		County <i>Calus</i>		MARYLAND	
Date of death	190 <i>6</i>	Month <i>June</i>	Day <i>27</i>	Age <i>82</i>	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Ind</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death		<i>Home</i>	
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>Betsy Butler</i>			
Father's Name	<i>_____</i>					Father's Birthplace	<i>_____</i>
Mother's Maiden Name	<i>_____</i>					Mother's Birthplace	<i>_____</i>
Name of person giving information	<i>Phil Johnson</i>					How related to deceased	<i>Niece</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera</i>		How long	<i>(13)</i>
Immediate	<i>Cholera</i>		How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>J. P. Marshall</i>
			Address	<i>Sub Rg</i>
Accident or Suicide?				



Name
in
Full

Francis Squares

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Mar. & Ward* ^{County} *Charm*

Date of death *1906* ^{Month} *June* ^{Day} *29* ^{Years} *39* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *Colored* Birth-place *Ind*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Henry Squares* Father's Birthplace *Ind*

Mother's Maiden Name *Susan Brown* Mother's Birthplace *Ind*

Name of person giving Information *John Brown* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cholerae fritis* *(120)* How long *one hour*

Immediate *Acute diarrhea* How long *short while*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. O. Duvorne*

Address *Ward*

Accident or Suicide? *—*

